

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 21-AUG-2014		TIME 00:30:00	2. ADDRESS OF OCCURRENCE 1160 N LARRABEE ST CHICAGO, IL 60610				3. LOCATION CODE 280	4. BEAT/OCCUR 1822		
MEMBER INVOLVED <input type="checkbox"/> DNA	5. POSITION 9173	6. LAST NAME CASE	7. FIRST NAME DAVID L	8. STAR NO. 317	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE WHI	11. AGE [REDACTED]	12. HT. 603	13. WT. 225	
	14. DATE OF APPT. 14-JUL-1986	15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT 018 1891	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				
	20. LAST NAME HAWKS		21. FIRST NAME ANTHONY	22. M.I.	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE BLK	25. D.O.B. 01-MAR-1968	26. HT. 601	27. WT. 200	
	28. ADDRESS 1641 N ORCHARD ST CHICAGO, IL 60614		29. TELEPHONE NO.	30. WAS SUBJECT ARMED? HANDS/FISTS <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No			31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? ST MARY OF NAZARETH HOSPITAL CENTER		34. BY WHOM?	35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 03 Hospitalized <input checked="" type="checkbox"/> 04 Not Hospitalized			<input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 05 Refused Medical Aid			
	36. CHARGES PLACED ***** PLEASE SEE NEXT PAGE *****		37. CB NO. 18959476			IR NO.			<input type="checkbox"/> DNA	
	SUBJECT INFORMATION <input type="checkbox"/> DNA	38. PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE
		SUBJECT'S ACTIONS	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>	FLED <input type="checkbox"/>	IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>	ATTACK WITH WEAPON <input type="checkbox"/>	USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>			
			STIFFENED (DEAD WEIGHT) <input type="checkbox"/>	PULLED AWAY <input type="checkbox"/>	OTHER _____	ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/>	WEAPON <input type="checkbox"/>			
			OTHER _____	OTHER _____	OTHER _____	OTHER _____	OTHER _____			
MEMBER PRESENCE <input checked="" type="checkbox"/>			OPEN HAND STRIKE <input type="checkbox"/>	ELBOW STRIKE <input type="checkbox"/>	KNEE STRIKE <input type="checkbox"/>	FIREARM <input type="checkbox"/>				
VERBAL COMMANDS <input checked="" type="checkbox"/>			TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>	CLOSED HAND STRIKE/PUNCH <input checked="" type="checkbox"/>	KICKS <input type="checkbox"/>	OTHER _____				
ESCORT HOLDS <input type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>	IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>	IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>						
WRISTLOCK <input type="checkbox"/>		CANINE <input type="checkbox"/>	OTHER _____	OTHER _____						
ARMBAR <input type="checkbox"/>		TASER (Probe Discharge) <input type="checkbox"/>	TASER (Contact Stun) <input type="checkbox"/>	TASER (Laser Targeted) <input type="checkbox"/>	TASER (Spark Displayed) <input type="checkbox"/>					
PRESSURE SENSITIVE AREAS <input type="checkbox"/>		OTHER _____	OTHER _____	OTHER _____	OTHER _____					
CONTROL INSTRUMENT <input type="checkbox"/>	OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>	OTHER _____	OTHER _____	OTHER _____						
OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>	OTHER _____	OTHER _____	OTHER _____	OTHER _____						
39. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)			40. ADDITIONAL INFORMATION							
POSITION		STAR NO.	UNIT							
41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER			42. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 01 Daylight		44. WEATHER CONDITIONS CLEAR			
49. TASER DART ID NO.			50. WEAPON SERIAL NO. (Include Letters)		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.	
54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.		58. TOTAL NO. OF SHOTS MEMBER FIRED		
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)			60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO OF CATDRIDGES/SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)			
63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW			64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD					65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)				67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 5 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.					1423219125	
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN				69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)						
70. EVENT NO.										
71. RD. NO.										
72. CASE INFO.										
NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.										
73. REPORTING MEMBER (Print Name) CASE, DAVID L 21-AUG-2014 03:44:25										
STAR/EMPLOYEE NO. 317										
SIGNATURE [REDACTED]										
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.										
74. REVIEWING SUPERVISOR (Print Name) GADE JR, LAWRENCE R										
STAR NO. 1841		SIGNATURE [REDACTED]		DATE REVIEWED 21-AUG-2014 03:50:50		TIME				
CPD-11-377 (REV. 10/07)										

SUBJECT
INFORMATION

36. CHARGES PLACED

720 ILCS 5.0/12-3.05-D-4, 720 ILCS 5.0/12-2-B-4, 720 ILCS 5.0/12-2-A-6, 720
ILCS 5.0/12-3-A-1, 720 ILCS 5.0/31-1-A

DNA

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HEREIN 1 OR 2.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

DNA

REFUSED

UNABLE TO INTERVIEW (Specify Reason)

Subject @ St. Mary hospital being treated for his injuries.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Department members actions in compliance with Department directives.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS
WERE IN COMPLIANCE WITH DEPARTMENT
PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. _____ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

SARLITTO, MARY E

SIGNATURE

DATE COMPLETED

TIME

21-AUG-2014 03:55:52

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE INDEPENDENT POLICE REVIEW AUTHORITY.

ATTACHMENTS - PHOTOCOPIES OF:

CASE REPORT
 ARREST REPORT

SUPPLEMENTARY REPORT
 OFFICER BATTERY REPORT
 TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

I.O.D. REPORT
 CR INITIATION REPORT

80. TOTAL TRR's THIS EVENT No.

2